

**South Carolina Department of Social Services**  
**COMMODITY SUPPLEMENTAL FOOD PROGRAM**

**Participant Agreement**

- I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
- Program benefits are provided in connection with the receipt of Federal assistance. Program officials may verify information I have provided to determine my eligibility.
- I understand that participating in the Special Supplemental Food Program for Women, Infants and Children (WIC) and the Commodity Supplemental Food Program (CSFP) at the same time is not allowed and will result in being removed from at least one Program.
- Providing your social security number is voluntary. Your social security number will be used as your identification number in the CSFP and will be used to comply with federal regulations (7CFR 247.19, 7CFR 247.20) which stipulates that participants may not receive both CSFP and WIC benefits simultaneously, and may not receive CSFP benefits at more than one CSFP site at the same time. If you do not wish to provide your social security number a generic identification number will be assigned and your application will be processed. Other identifying information will be used to detect and prevent dual participation.
- I consent to the release of information to CSFP Program staff and other individuals responsible for the operation of the Program for eligibility determination and health related activities which are a part of the program.
- I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.
- I may appeal any decision made regarding my eligibility for the program. A request for a fair hearing can be submitted to the State or Local Agency.
- The Local Agency will make health services and nutrition education available to me and I am encouraged to participate in these services.
- If determined eligible for the Program, I will pick up Supplemental Foods as directed. I understand that failure to pick up food as directed may result in me being dropped from the Program.
- I understand that the foods provided by the program are intended for the participant for whom they are prescribed.
- I understand CSFP is a supplemental rather than total food program.

**Requesting a Fair Hearing**

If I am dissatisfied with any decision made regarding my eligibility the following procedures may be followed:

- I may request to have my case reviewed by staff of the local agency or state agency for accuracy.
- I may request a Fair Hearing orally or in writing by contacting the South Carolina Department of Social Services, Office of Individual and Provider Rights, P.O. Box 1520, Columbia, SC, 29202-1520. My request for a hearing must be made within 60 days of the date of the notice informing me of denial or termination from the CSFP program.
- A hearing shall be scheduled within 45 days of the date of my request. I will be provided at least 10 days advance notice of the hearing date, location and time.
- I may represent myself or select a representative to speak on my behalf at the hearing. If I or my representative cannot appear at the scheduled time and place, I may request the hearing officer to reschedule the hearing. I may request the hearing be rescheduled only one time.

"The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, sex and disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382. USDA is an equal opportunity provider and employer."

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Signature (Applicant/Participant)

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Date